



## SHARED LEAVE REQUEST

Reference [WAC 357-31 Leave](#)

Recipient's Last Name		Recipient's First Name		Recipient's Middle Name		Employee Number	
Agency/Business Area		Division, Section/Org. Unit			Attendance Unit/Time Administrator		
Attendance Keeper's Name				Mail Stop		Phone	
Personnel Representative's Name				Mail Stop		Phone	
<b>Leave Information</b>							
Anniversary Date	Annual Leave Balance	Sick Leave Balance	Personal Holiday Leave Balance		Date of Leave Balance	Work Schedule	
Is this request related to a job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is this request for Military Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>The employer may require the employee to submit:</p> <ul style="list-style-type: none"><li>• A medical certificate from a licensed physician or health care practitioner verifying the severe or extraordinary nature and expected duration of the condition before the employer approves or disapproves the request; or</li><li>• A copy of the military orders verifying the employee's required absence before the employer approves or disapproves the request.</li></ul>							
Briefly describe the condition/situation that causes your need for shared leave.							
Identify specific days and hours for donated leave usage (if known).							
Date		Recipient's Signature					
<b>Employer Head or Designated Approving Authority</b>							
<input type="checkbox"/> Approved  <input type="checkbox"/> Denied		If Denied, Explain:					
Print Name				Title			
Date		Signature					

The Public Records Act, RCW 42.17.250, et. seq., requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Personnel will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.